## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Senate Majority PAC	C C00484642
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee Date of	Public Distribution/Dissemination
SKDKnickerbocker	M / D D / Y Y Y Y
Mailing Address 1150 18th St NW Ste 800  Amount	
City State Zip Code	47615.98
Washington DC 20036-3845 Transac	ction ID : VN7GB9W4PE0 Disbursement or Obligation
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	
Name of Federal Candidate Support Office Sought:	House District:
Thom R Tillis Oppose President	NO.
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014  Othe	For: Primary X General er (specify) ▶
Full Name of Payee Date of	Public Distribution/Dissemination
M =	M / D D / Y Y Y Y
Mailing Address Amount	
City State Zip Code	
Date of	Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
Oppose President	
Calendar Year-To-Date Per Election for Office Sought  Other	For: Primary General er (specify) ▶
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(a) SUBTOTAL of Itemized Independent Expenditures	47615.98
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1
(c) TOTAL Independent Expenditures	47615.98
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Rebecca Lambe [Electronically Filed] Date 10	01 2014
Signature	